

KANSAS HEALTH POLICY AUTHORITY BOARD (KHPAB) RETREAT SUMMARY

Retreat Date: February 17 & 18, 2006
Lawrence, Kansas

INTRODUCTION

In February 2006, the KHPAB participated in a strategic planning retreat. Staff from the Self-Help Network Center for Community Support and Research at Wichita State University Center facilitated the Board's retreat. As part of this process, the Board received briefings and conducted question and answer sessions with two distinguished guest lecturers; one from the Kaiser Family Foundation and one from the Commonwealth Fund. The Board also heard from Kansas public health experts regarding current issues and best practices. These experts helped to identify best practices and trends in state, national, and private sector health policy. The Board focused on developing an initial understanding of their role in shaping health policy for the state. Discussion during the two-day retreat addressed the core purposes of the Authority, the role of the Board in relation to the role of management, and potential long- and short-term strategies for the Authority.

MISSION & CHARGE

The Board acknowledges the Authority's mission and charge as formulated by the Kansas legislature in the enabling legislation (House Substitute Bill No. 272.):

Mission

"Improve the health of people of Kansas by increasing the quality, efficiency and effectiveness of health services and public health programs."

Charge

"Develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion oriented public health strategies."

PLANNING DOMAINS

At the suggestion of guest speakers from the Kaiser Family Foundation and Commonwealth Fund, and in line with conventional descriptions of health policy issues, the Board organized its strategic planning exercise around the following domains:

Access and Coverage: Access to health care is a measure of the ability of an individual or family to obtain needed health care services. Meaningful health

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insurance coverage is a powerful indicator of financial access to care. Access is also determined by a variety of individual, social, economic, demographic, and health system characteristics.

Quality and Safety: The Institute of Medicine defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” Quality and safety measures evaluate the extent to which health care services are delivered in an appropriate, effective, timely, and safe manner.

Affordability and Efficiency: Cost is a principle limitation for those in need of health care. Affordability is the measure of the extent to which health care services are priced at a level that consumers and society can pay for. Efficiency is the extent to which the services are offered in a cost-effective manner.

Prevention and Health Promotion: Disease prevention and health promotion activities are measured by the extent to which individuals and society engage in behaviors and actions that support a healthy population.

ADMINISTRATION AND GOVERNANCE

Determining how the Board will interact with the Executive Director and staff is important in accomplishing the mission and charge of the KHPA. The Board discussed this interaction at some length, acknowledging that the Board and Executive director will work together primarily at the policy level, and that the Executive Director and their staff will be responsible for the daily operations of the Authority’s various programs and initiatives. Ex-officio members of the Board and their agencies are not under the Authority of the Board, but were described as partners who can implement change related to initiatives supported by the Board.

LONG-TERM GOALS AND STRATEGIES

The Board’s effort at the retreat was designed to elicit a comprehensive menu of long-term goals toward which the Authority might direct its efforts. Each goal would create a target for the achievements to be accomplished and provide direction for the creation of strategies to be pursued by Board and staff.

Strategies were suggested by ad hoc subgroups of the Board and later presented to the Board as a whole. The goals and strategies discussed at the retreat are listed here as an indication of the kinds of initiatives the Board could pursue to meet its broad mission and charge. Most strategies discussed by the Board were short-term in nature and designed to initiate movement toward goals.

Prevention and Health Promotion

Prevention and Health Promotion Goal 1: Decrease tobacco consumption. Nearly 20% of Kansans smoke tobacco with a health care cost impact that has

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been estimated to be as much as \$854 million. Strategies consistent with this goal might include:

- Policies that will decrease the rate of smoking among Kansans.
- KHPAB awards to all smoke-free cities in Kansas. This short-term strategy would be designed to focus attention on the health benefits of smoke-free environments and to recognize municipalities that have successfully campaigned to promote the health of their citizenry.

Prevention and Health Promotion Goal 2: Increase physical activity and reduce obesity among Kansans. Strategies might include:

- Work in cooperation with the Kansas Department of Health and Environment (KDHE) to initiate healthykansas.com toolkit for schools, workplace, and insurance pools.

Prevention and Health Promotion Goal 3: Reduce risk of physical injury among Kansans. Strategies might include:

- Policies to prevent motor vehicle injuries, such as supporting a primary seatbelt law.

Access and Coverage

Access and Coverage Goal 1: Increase affordability of employer-based health insurance. KHPA Board members expressed interest in identifying innovative public and private sector mechanisms to make health insurance more affordable for businesses, especially small businesses. – such as.

- Reviewing the Insurance Commissioner's effort to create a reinsurance pool for possible endorsement by the KHPAB.
- Promote or expanding the Business Health Policy Committee small-business pilot program, designed for implementation in Sedgwick County.

Access and Coverage Goal 2: Initiate Medicaid reforms. As the number of individuals with employer sponsored health insurance has decreased over the past several years, Medicaid enrollment and spending has grown. The current growth rate of Medicaid in Kansas is unsustainable in the long-term and accordingly, the Board will consider innovative reforms to the Medicaid program that ensure quality health care for low income Kansans while controlling costs.

- **Obtain a detailed Medicaid analysis.** The KHPAB requested from staff a detailed analysis of state Medicaid reforms and trends in order to develop a set of possible recommendations for Medicaid reform to be implemented in Kansas.

Access and Coverage Goal 3: Stabilize and enhance the health care safety net. KHPA Board members emphasized the importance of stabilizing and enhancing the health care safety net which provides care to Kansans with low incomes or those without insurance. Strategies might include:

- Supporting increased funding for safety net clinics.

Quality and Safety

Quality and Safety Goal 1: Use data to drive policy development. Meeting the information challenge will require a new direction, additional resources, and a coordinated partnership between the KHPAB and the wide community of stakeholders with an interest in the appropriate and effective use and dissemination of health data. The Board discussed the development of a participatory approach to health information policies, and asked the staff to work to refine proposals to support the Authority's data needs. Strategies might include:

- **Develop Data systems and analytic resources.** The agency will use data to make value-based purchases, to drive quality improvements, and to coordinate a health policy agenda across state agencies, incorporating information on evidence-based research, health indicators, utilization and expenditures, and will be informed by the work of the Kansas Health Care Cost Containment Commission (H4C). Such a system may require an update from the current decision support systems utilized by Medicaid, SCHIP, and the State Employees Benefit Plan. There are a number of states who have implemented such systems, and the Board will be considering which data system will best fit the needs of Kansas.
- **Create a Data Consortium.** The staff will be developing recommendations for the chartering of a "Data Consortium" to be composed of private and public sector stakeholders which will make health care policy recommendations to the Health Policy Authority in three specific areas (1) Health Care Quality; (2) Health Care Pricing; and (3) Public Health/Consumer information. The goal of the Data Consortium will be to collect, analyze and disseminate health care information that will improve decision-making in the allocation and financing of health care and public health and wellness. The Data Consortium could provide input on content and possible endorsement of initiatives in other organizations and agencies, such as KDHE's www.healthykansas.com wellness toolkit.

Affordability and Efficiency

Affordability and Efficiency Goal 1: Provide a comprehensive unbiased baseline analysis of the current state of health care costs and wellness.

KHPAB members discussed the need for a comprehensive unbiased baseline analysis of the current state of health care costs, data, and wellness initiatives in Kansas. Such an analysis would provide the Board with an overview from which to select measures for determining success including, for example: trends regarding the current public and private costs of health care in Kansas as well as the cost drivers for health care services; the ways in which data is currently being used to drive health policy in Kansas; and an assessment of prevention and wellness services in the State. Next steps:

- The Director of the Division of Health Care Policy and Finance and the KHPAB Chair will determine the best approach to obtain an independent, state-of-the-art, report. This approach will be considered for approval by the full Board.

Affordability and Efficiency Goal 2: Forge partnerships in Kansas to improve health care system affordability and efficiency. KHPA Board members discussed the need to develop partnerships to purchase health care services, reduce cost of health care, provide incentives for healthy behavior, study health care system and insurance reform to decrease needless procedures and enhance access, and invest in long-term prevention efforts. Strategies might include:

- **Create a data consortium.** See Quality and Safety Goal 1, Strategy B above.
- **Conduct town hall meetings for public input.** The KHPAB is charged with developing and recommending a comprehensive health policy agenda, including a recommendation as to the possible transfer of number of additional programs into the agency. These issues are of critical importance to the people of Kansas and their input into these decisions is imperative. The Board discussed hosting a minimum of five town hall meetings at various locations throughout the state in order to give citizens and stakeholders an opportunity to weigh in on these issues.

Administration and Governance

Administration Considerations Goal 1: Establish administrative and governance support for KHPAB functions. KHPA Board members discussed the pressing need to develop means to meet the demands of a new independent agency and the responsibilities outlined in the enabling legislation. Board actions taken included:

- **Direct the establishment of a memorandum of understanding (MOU) for certain administrative functions.** The Board initially discussed options to increase staffing levels to meet the demands of a new independent agency and the responsibilities outlined in the enacting legislation for data management, analysis and dissemination. After considering the issue, the Board determined the need for Division of Health Policy and Finance to complete the process of streamlining and consolidating its work processes across various components of the agency before approaching the legislature with a specific request for additional funds to meet the legislated objectives. In addition, the Department of Administration has offered to continue to provide support functions that will make it unnecessary to request additional staff for the coming year. Therefore, the KHPAB will draft a memorandum of understanding (MOU) with the Department of Administration (DofA) which will state that the DofA will provide basic administrative support services to the Division of Health Policy and Finance, including personnel, some legal, and health information functions.
- **Hire legal counsel to establish a governance structure for the KHPAB.** The KHPA will contract with the firm of Goodell, Stratton, Edmonds & Palmer to provide legal counsel to the Board for the remainder of FY2006 per the Professional Services Sunshine Act. This work will include: (1) establishing a governance structure including offices and committee structure; (2) clarifying the role of Board and staff; (3) developing procedures for bringing issues and legislative initiatives to the KHPAB for consideration and endorsement (in a timely manner); (4) determining who has the authority to speak for the KHPAB and how such authority is granted and communicated to members of the Board; and (5) clarify the unique role of ex-officio members including how to best communicate with ex-officio members.

Administrative Considerations Goal 2: KHPAB members will be provided information sufficient to enable decision-making. KHPA Board members discussed the need to receive information on complex programs such as Medicaid in a timely manner and in a format which allows for learning, discussion, and both individual and group analysis. Strategies include providing information to the Board on the following areas:

- Medicaid operations and policymaking;
- State employee health benefits;
- Other programs that (will) fall under the Authority's purview;
- The Health care Cost Containment Commission's (H4C) Interoperable Health Care System project;

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- The three top chronic health conditions and highest health care cost populations;
- data and research on workplace wellness, fitness and nutrition, and policy research;
- review of all state mandates related to prevention; and
- review of findings of statewide school prevention research related to fitness and nutrition.